

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-519214

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	5	0	0	0	0	0
TOTAL DEP.	0	22	0	0	0	0
TOTAL CLAIMS	5	22	0	0	0	0

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	0	0	0	0	0	0
TOTAL DEP.	0	0	0	0	0	0
TOTAL CLAIMS	0	0	0	0	0	0